

Medical Access Study (LC 5307.2)

14th Annual DWC Educational Conference

Los Angeles Sheraton Gateway, February 21-22, 2007
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Outline

- LC 5307.2
- Study Questions to be Addressed
- Study Teams
- Study Design
- Results

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LC 5307.2

- AD shall contract with (an independent research firm) ... to perform an annual study of access to medical treatment for injured workers.

The study shall:

- Analyze whether there is adequate access to quality health care and products
- Make recommendations to ensure continued access

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Study questions to be addressed

- What is the current nature of *access* to health care and health care products?
- Is there access to *quality* health care and health care products?
- If access problems exist, are they *substantial*?

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Study Teams

- UCLA Center for Health Policy Research
Dr. Dylan Roby, Project Director
Dr. Gerald Kominski, PI
Dr. Nady Pourat, Co-PI
Meghan Cameron, Research Assistant
- SFSU Public Research Institute
Dr. John Rogers, Project Director
Dr. James Wiley, PI
Diane Godard, Senior Research Associate
- Division of Workers' Compensation
Dr. Lisa Dasinger, Project Director
Dr. Anne Searcy, Medical Director
Suzanne Marria, Legal Counsel
Kathy Dervin, Manager
Dr. Glenn Shor, Researcher

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Study Design

3 surveys:

- Injured Worker Survey
- Physician Survey
- Claims Administrator Survey

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Injured Worker Survey: Sample

- **Source:** DWC WCIS
- **Strategy:** Non-stratified, random
- **Inclusion/Exclusion Criteria:**
 - Date of Injury 2nd Quarter 2005
 - No fatalities
- **Number:** 976 completed interviews
- **Response Rate:** 35% (cf. 20-63% in other WC studies^{1,2,3})

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Injured Worker Survey: Administration

- **Mode:** Telephone, web
- **Average Time:** 18 minutes
- **Data Collection :** May - October 2006
(average of 15 months after injury)
- **Incentive:** \$15 gift card

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Injured Worker Survey: Question Domains

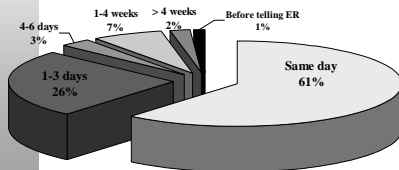
- Nature of injury
- First medical visit
- Doctor most involved in medical care
- Access to physical and occupational therapy
- Access to specialists
- Access to prescription medications
- Satisfaction with main provider and overall care
- Recovery from injury
- Return to work

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Injured Worker Survey Results: Access to First Medical Visit

- 87% visited a health care provider on the same day or within 3 days of reporting the injury to their employer

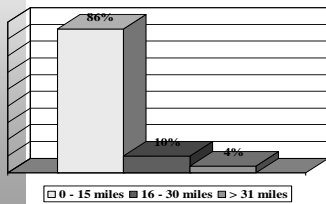


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Injured Worker Survey Results: Access to First Medical Visit

- 86% traveled 15 miles or less to their first visit



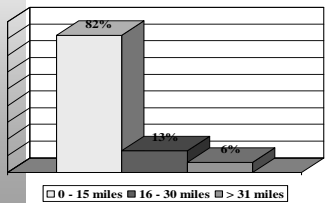
0 - 15 miles 16 - 30 miles > 31 miles

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Injured Worker Survey Results: Access to Main Provider

- 82% traveled 15 miles or less to the provider most involved in their care



0 - 15 miles 16 - 30 miles > 31 miles

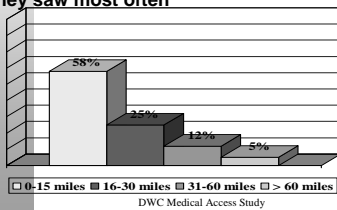
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Injured Worker Survey Results:

Access to Specialists

- 92% of those referred to a specialist and who wanted to see one were able to
- 83% traveled 30 miles or less to the specialist they saw most often



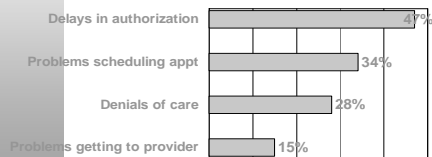
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Injured Worker Survey Results:

Access to Specialists

- Among those who saw a specialist, 20% had difficulties when seeking such care:

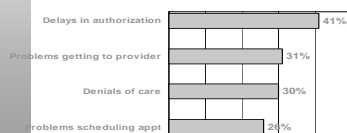


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Injured Worker Survey Results: Access to Physical/Occupational Therapy

- 94% of those referred to PT/OT and who wanted to see one were able to
- Among those who saw a PT/OT, 16% had difficulties when seeking such care:



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Injured Worker Survey Results: Access to Prescription Medication

- **99% of those prescribed medication and who wanted to fill the prescription were able to**

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Injured Worker Survey Results: Access to Specialists and PT/OT

Problem	% of All Injured Workers Surveyed	Estimated Number of Injured Workers in 2005*
Didn't get any recommended specialty care	2.4%	18,720
Got specialty care, but difficulties obtaining it	5.5%	42,900
Didn't get any recommended PT/OT	2.3%	17,940
Got PT/OT, but difficulties obtaining it	6.3%	49,140

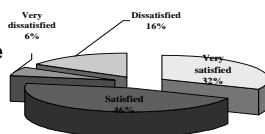
*based on ~780,000 injuries in 2005 (DWC Annual Report of Inventory)

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Injured Worker Survey Results: Satisfaction with Care

- **78% were satisfied with the overall care they received for their injury**
- **77% were satisfied with their overall care in 1998 CA DWC Study¹ and 83% in 2004 PA Study²**

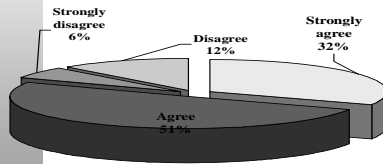


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Injured Worker Survey Results: Satisfaction with Care

- 83% felt they were able to get access to quality medical care for their injury



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Injured Worker & Provider Survey Results: Quality of Care

- Injured workers received care from providers who engage in behaviors that are considered important in occupational medicine

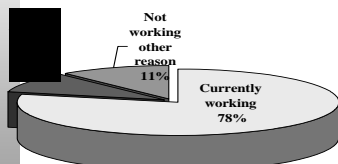
	Injured Worker Survey	Provider Survey
Understand worker's job demands	83%	84%
Discuss work restrictions	87%	92%
Discuss how to avoid re-injury	81%	

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Injured Worker Survey Results: Outcomes

- 78% of workers were working at the time of interview

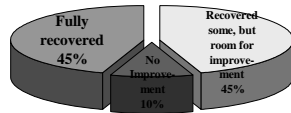


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Injured Worker Survey Results: Outcomes

- 55% of workers had not fully recovered more than one year after their injury



- This compares to 70% in 1998 CA DWC study¹ and 72% in 2000 WA State Study³ but these studies had shorter follow-up times (8 and 5 mos.) and different survey populations.

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Physician Survey: Sample

- Sample Source: 2004-2005 MPN and HCO Provider Lists
- Strategy: Stratified random, plus pre-identified "high volume" MD/DOs
- Inclusion/Exclusion Criteria:
 - 6 Physician Types: MD, DO, Chiropractor, Acupuncturist, Psychologist, Podiatrist
 - Exclude certain MD and DO specialties (e.g., pediatrician, OB/GYN, oncologist, radiologist, anesthesiologist)
 - Current and past (2001-2006) providers of WC care

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Physician Survey: Sample and Administration

- Number: 1,096 completed interviews
- Response Rate: 25% (cf. 22-30% in other WC surveys^{2,4})
- Mode: Telephone, web, mail
- Average Time: 10 minutes
- Data Collection: April - October 2006
- Incentive: None

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Physician Survey: Question Domains

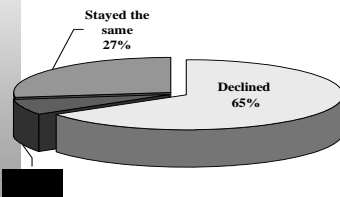
- Provider and practice characteristics
- Scope of WC practice
- WC payment level
- Occupational medicine behaviors
- Changes in WC practice since 2004
- Plans for changes in WC practice
- Reasons for changes in WC practice
- Perceptions of IW access to quality care

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Physician Survey Results: Current Providers on Access

- 65% felt that access to care has declined since 2004

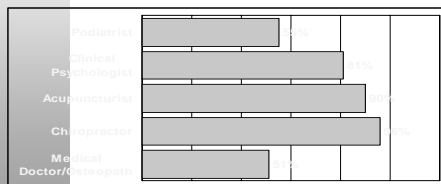


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Physician Survey Results: Current Providers on Access

- Providers who think access has declined differ by type

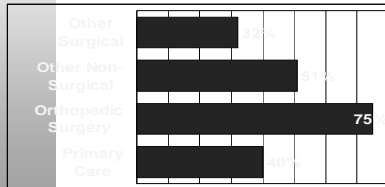


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Physician Survey Results: Current Providers on Access

- MDs/DOs who think access has declined differ by type

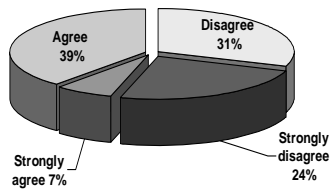


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Physician Survey Results: Current Providers on Access

- 46% agree that injured workers have adequate access to quality care

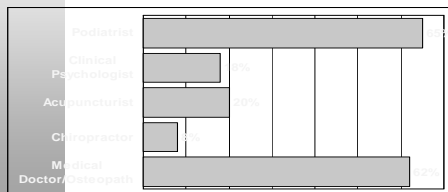


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Physician Survey Results: Current Providers on Access

- Providers who agree that IWs have adequate access differ by type

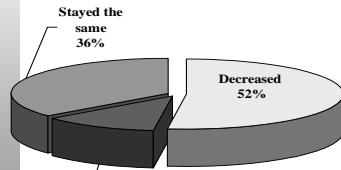


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Physician Survey Results: Current Providers on Access

- 52% reported a decrease in their WC volume since 2004

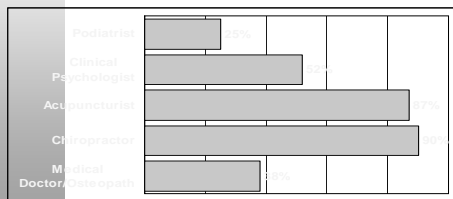


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Physician Survey Results: Current Providers on Access

- Providers who reported a decrease in their WC volume since 2004 differ by type

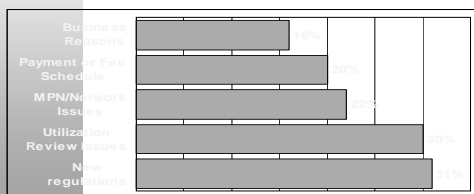


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Physician Survey Results: Current Providers on Access

- Top 5 reasons for reported decrease in WC volume since 2004



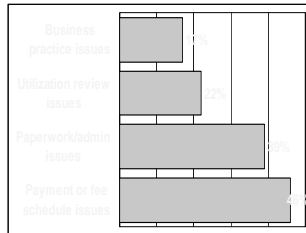
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Physician Survey Results: Past Providers

- Most common reasons for stopping participation in WC

- 12% would consider WC again

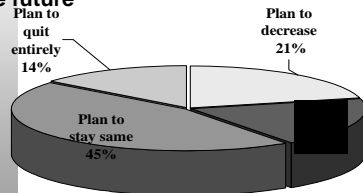


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Physician Survey Results: Current Providers on Access

- 35% plan to decrease their WC volume in the future

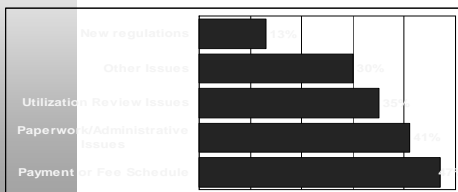


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Physician Survey Results: Current Providers on Access

- Top 5 reasons for planned decreases in WC volume



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Claims Administrator Survey: Sample

- **Strategy:** Convenience sample of large, mid-size, and small companies
- **Inclusion Criteria:**
 - Insurers (n=6)
 - Third Party Administrators (n=5)
 - Self-insured self-administered employers (private and public) (n=9)
- **Number:** 20 companies, representing 57% of 2005 WC claims
- **Response Rate:** 20 of 26 = 77%

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Claims Administrator Survey: Administration

- **Mode:** Mail with telephone follow-up
- **Data Collection :** May - October 2006

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Claims Administrator Survey: Domains

- **Provider networks**
- **Physician contracting**
- **Perceptions of provider willingness to treat injured workers**
- **Access & quality standards**
- **Perceptions of access & quality**

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Claims Administrator Survey: Results

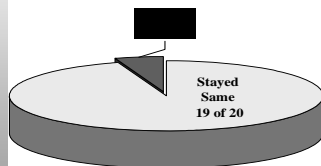
- About half (9/20) found some provider types more difficult to contract with:
 - dentists, psychologists, psychiatrists, dermatologists, orthopedic surgeons, neurosurgeons
- A bit over half (12/20) found certain regions of the state more difficult to find physicians:
 - North Cost/North Inland/Sierras, San Joaquin Valley, Central Coast
- Most common reasons physicians give for not wanting to contract for WC care:
 - paperwork/administrative, UR, unwillingness to treat chronic pain and transfer cases, no WC experience

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Claims Administrator Survey: Access Results

- Nearly all companies reported that access to PTPs has stayed the same since 2004

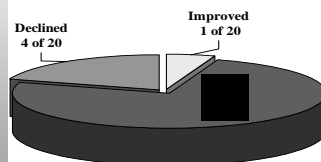


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Claims Administrator Survey: Access Results

- Three quarters reported that access to specialists has stayed the same since 2004



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Conclusions

- Most injured workers have access to quality care.
- Most injured workers are satisfied with their care, and levels of satisfaction appear unchanged since 1998.
- The percentage of injured workers experiencing problems accessing care is low. However, the number of individuals potentially affected is large, given the large number of workplace illnesses and injuries reported each year in CA.
- The health and return to work outcomes of injured workers need to be improved.

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Conclusions

- Although some providers have left the workers' compensation system since 2004 and others are seeing fewer WC patients, these changes have not created serious access problems.
- Chiropractors, acupuncturists, clinical psychologists, and orthopedic surgeons were most likely to report declines in their WC volume and to perceive inadequacies and declines in access to quality care since 2004.
- Claims administrators do not perceive changes in access to quality care since 2004, but do experience problems contracting with certain provider types and in certain regions of the State.

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Questions?

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The entire study can be found at:

<http://www.dir.ca.gov/DWC>



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Appendix: LC 5307.2

“The administrative director shall contract with an independent consulting firm, to the extent permitted by state law, to perform an annual study of access to medical treatment for injured workers. The study shall analyze whether there is adequate access to quality health care and products for injured workers and make recommendations to ensure continued access.

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Appendix: LC 5307.2

If the administrative director determines, based on this study, that there is insufficient access to quality health care or products for injured workers, the administrative director may make appropriate adjustments to medical and facilities' fees. When there has been a determination that substantial access problems exist, the administrative director may, in accordance with the notification and hearing requirements of Section 5307.1, adopt fees in excess of 120 percent of the applicable Medicare payment system fee for the applicable services or products.”

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References

1. Rudolph L, Dervin K, Cheadle A, Maizlish N, Wickizer T. What do injured workers think about their medical care and outcomes after work injury? *J Occup Environ Med*. May 2002;44(5):425-434.
2. Pennsylvania Department of Labor and Industry. 2004 Pennsylvania Medical Access Study Executive Overview. http://www.dli.state.pa.us/landi/lib/landi/bwc/publications/2004_execoverview.pdf
3. Wickizer TM, Franklin G, Fulton-Kehoe D, Turner JA, Mootz R, Smith-Weller T. Patient satisfaction, treatment experience, and disability outcomes in a population-based cohort of injured workers in Washington State: implications for quality improvement. *Health Serv Res*. Aug 2004;39(4 Pt 1):727-748.
4. Martin P. *The Medical Fee Schedule Under the Workers' Compensation Law*. Honolulu, HI: State Capitol Legislative Reference Bureau; 1998. Report No. 8.